

COLORADO SALES TAX / WAGE WITHHOLDING ACCOUNT APPLICATION

Department Use Only

INSTRUCTIONS FOR THIS FORM ARE IN THE PUBLICATION CR 0101

A	1. REASON FOR FILING THIS APPLICATION <input type="checkbox"/> Original Application <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Additional Location																					
	Do you have a Department of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, Account # _____																					
B	2. Indicate Type of Organization																					
	<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC)</div><div style="width: 33%;"><input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Limited Partnership (LLLL) <input type="checkbox"/> Corporation/'S' Corp. <input type="checkbox"/> Association</div><div style="width: 33%;"><input type="checkbox"/> Estate/Trust <input type="checkbox"/> Government <input type="checkbox"/> Joint Venture <input type="checkbox"/> Non-profit</div></div>																					
1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)		1b. Taxpayer ID (Requirements—see page 2)																				
2a. Trade Name/Doing Business As (If applicable, and for informational purposes only)		2c. SSN																				
2b. FEIN																						
Physical place of business																						
3a. Principal Place of Business		City	State ZIP Code																			
3b. County		3c. If business is within limits of a city, what city?																				
		3d. Telephone ()																				
Mailing address																						
4a. Name (Last, First, Middle)		4b. Telephone ()																				
4c. Mailing Address		City	State ZIP Code																			
5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (See page 2, section B5 for additional space)																						
Do you sell motor vehicle tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your business in a special taxing district? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent out items for 30 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
6a. Owner/Partner/Corp. Officer (Last, First, Middle)		6b. Title																				
6c. FEIN		6d. SSN	6e. Telephone ()																			
6f. Address (Residence, P.O. Box, or Street)		City	State ZIP Code																			
7a. Owner/Partner/Corp. Officer (Last, First, Middle)		7b. Title																				
7c. FEIN		7d. SSN	7e. Telephone ()																			
7f. Address (Residence, P.O. Box, or Street)		City	State ZIP Code																			
If you acquired the business in whole or in part, complete the following:																						
8a. Prior Taxpayer Name		8b. Date of Acquisition																				
8c. Address		City	State ZIP Code																			
C	1. <input type="checkbox"/> If Seasonal, mark each business month <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.		Period Covered From To																			
	2a. Filing Frequency: If sales tax collected is: <input type="checkbox"/> \$15.00/month or less—Annually <input type="checkbox"/> Under \$300/month—Quarterly <input type="checkbox"/> \$300/month or more—Monthly <input type="checkbox"/> Wholesale only—Annually		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Mo</td><td>Mo</td></tr><tr><td>Yr</td><td>Yr</td></tr><tr><td>Mo</td><td>Mo</td></tr><tr><td>Yr</td><td>Yr</td></tr><tr><td>Mo</td><td>Mo</td></tr><tr><td>Yr</td><td>Yr</td></tr><tr><td>Mo</td><td>Mo</td></tr><tr><td>Yr</td><td>Yr</td></tr><tr><td>Mo</td><td>Mo</td></tr><tr><td>Yr</td><td>Yr</td></tr></table>	Mo	Mo	Yr	Yr	Mo	Mo	Yr	Yr	Mo	Mo	Yr	Yr	Mo	Mo	Yr	Yr	Mo	Mo	Yr
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Yr	Yr																					
2b. First Day of Sales (Mo/Day/Yr)		(0020-810) State Sales Tax Deposit (355) \$																				
Revenue Registration Account Number (DEPT. USE ONLY)		(0080-750) Sales Tax License (999) \$																				
3. Indicate which applies to you: <input type="checkbox"/> Retail-Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> Retailers-Use		(0100-750) Wholesale License(999) \$																				
1. Filing Frequency: If wage withholding amount is <input type="checkbox"/> \$1-\$6,999/Year - Quarterly <input type="checkbox"/> \$50,000+/Year—Weekly <input type="checkbox"/> \$7,000-\$49,999/Year - Monthly Must file by Electronic Funds Transfer (EFT)		(1000-750) Wage Withholding (999) \$ 0.00																				
2. Oil/Gas <input type="checkbox"/> Withholding		(0160-750) Charitable License (999) \$																				
3a. First Day of Payroll, if applicable (Mo/Day/Yr)		MAKE CHECKS PAYABLE TO: TOTAL \$.00																				
3b. Payroll Records Telephone ()		Colorado Department of Revenue, 1375 Sherman St., Denver, CO 80261-0009																				
3c. Payroll Records Location (List Address)																						
F	I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.																					
	SIGNATURE of Owner, Partner, or Corporate Officer Required		Title Date																			

(continue on reverse side of this page.)

See page 2 for Return Check Policy

FEE SCHEDULE

- **Trade name registration:** Trade name registrations must be done with the Colorado Secretary of State.
- **Unemployment insurance:** Colorado unemployment insurance tax is administered by the Colorado Department of Labor and Employment.

• **Wholesale and retail license**

If first day of sales is:

January to June even-numbered years 2010, 2012, 2014	\$16.00
July to December even-numbered years 2010, 2012, 2014	\$12.00
January to June odd-numbered years 2011, 2013, 2015	\$8.00
July to December odd-numbered years 2011, 2013, 2015	\$4.00

- **Charitable license** \$8.00
- **A deposit** is required on a retail sales tax license only. \$50.00

Fee Notes

- The \$50 deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multiple event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

If you have questions call the Department of Revenue, (303) 238-SERV(7378).

INSTRUCTIONS: This form consists of two copies; please complete the form.

If you've downloaded this form from the Internet, please complete the form and make a photocopy of it. Mail the original form to:

**Colorado Department of Revenue
Denver CO 80261-0013**

and retain one copy of the completed form for your records.

For walk-in service, please bring two copies of the completed form to:

DENVER SERVICE CENTER
1375 Sherman St.
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER
4420 Austin Bluffs Pkwy.
Colorado Springs CO 80918

FORT COLLINS REGIONAL SERVICE CENTER
1121 W. Prospect Rd., Bldg. D
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER
222 S. Sixth St., Room 208
Grand Junction CO 81501

PUEBLO SERVICE CENTER
827 W. 4th St., Suite A
Pueblo CO 81003

Taxpayer ID Requirements:

All walk-in and mail-in business and individual applicants for a Sales/use Tax or Wage Withholding with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

B

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (Continued from page 1)



Colorado Department of Revenue
Tax Forms, Information and E-Services